



OFFICE OF THE COMPTROLLER
CITY OF ST. LOUIS



DARLENE GREEN
Comptroller

212 City Hall
(314) 622-4389
FAX: (314) 622-4026

August 24, 2015

1. Solicitation for Bids

The City of St. Louis "City" desires quotations for automobile insurance for police vehicles per attached specification. Bidders must be licensed brokers. The City does not assign markets to brokers.

2. Required Insurance Coverage

- The type of "Insurance Coverage" included in this Solicitation:
 - Coverage for police vehicles used by officers not on duty.
- Coverage to be awarded for three (3) years with premiums paid annually.
- The term of this policy shall begin at 12:01 a.m., September 15, 2015.
- The "Named Insured" or "Insured" is to be "The City of St. Louis", a Missouri municipal corporation.
-

3. Bidder's Qualifications

In order to be a qualified Bidder, each broker must meet all of the following criteria:

- Experience:
Must have been continuously in the Automobile insurance business for at least the last five (5) years; and

have provided insurance coverage similar to that described in this Solicitation in a facility of comparable size for at least the last three (3) years; and

Be engaged full time as a broker in the Automobile insurance business with an office in the St. Louis metropolitan area.
- Financial Stability:
Represent an insurance company(s) with a "Best" rating of no less than "A" and Financial Size Category of Class VI for all insurance companies(exception: Lloyd's of London).

- Authority:
Must be licensed to do Property/Casualty business in Missouri.
- Minority Business Enterprises ("MBE")/Women's Business Enterprises ("WBE"):

Bidder or its MBE/WBE participant must be MBE/WBE certified by the St. Louis Airport Authority DBE Program Office prior to submittal of Bid. MBE/WBEs must have proper license from the State of Missouri for the type of role(s) the MBE/WBE will perform as defined in the MBE/WBE agreement between broker and MBE/WBE.

4. The Bid

Four (4) copies and an original of the Bid must be addressed and delivered to the Comptroller's Office, 1200 Market Street, Room 311 City Hall, St. Louis, MO 63103, Attention: John Zakibe in addition to the words "Bid For Police Automobile Insurance" written across the left end face of the envelope by 2:00 p.m., Friday, September 11, 2015. Successful bidder will be notified by Tuesday, September 15, 2015.

The name and address of the Bidder submitting the Bid must also appear on the face of the envelope. **Bids received after the due date and time, or not delivered to the designated point will not be considered.**

Faxed, emailed or hand-delivered Bids will not be accepted.

5. Questions

Questions should be submitted to the Comptroller's Office, 1200 Market Street, Room 311 City Hall, St. Louis, MO 63103, Attention: John Zakibe.

6. Bidders Responsible for Bid

The Bidder shall carefully examine the entire contents of this Solicitation including any Addendums and shall judge for itself all circumstances and conditions affecting Bidder's Bid. Bidder agrees that the submission of its Bid shall be construed to mean that the Bidder has made all necessary examinations and investigations, and agrees to fulfill all requirements and provisions of this Solicitation for Bids, and is entirely familiar with and understands all such requirements.

All information or data in this Solicitation and any subsequent Addendum(s), while believed to be reliable, are to be used by Bidder at its sole risk, and the City does not accept any responsibility or liability in any fashion for its use in structuring a Bid by any Bidder in a response to this Solicitation.

7. Right To Reject Bids

The City reserves the right to reject any Bid which, in the City's sole and absolute opinion, the Bidder does not have the minimum qualifications as stated in this Solicitation, the necessary experience, the organizational and financial capacity to fulfill the requirements of this Solicitation for Bids, or provide the Insurance Coverage, or does not submit the required Bid information. In addition, any Bid not in compliance with the procedural requirement for submitting a Bid as set out in this Solicitation shall be rejected. The Authority reserves the right to reject any or all Bids and to advertise for new Bids. The City reserves the right to waive minor irregularities and formalities. The City, in addition to the previously stipulated reservations, reserves the right to disqualify any Bidder and reject any Bid submittal that is not, in the City's sole and absolute judgment, competent to provide the Insurance Coverage described herein.

8. Disqualification of Bidder

Bid will be disqualified if:

- a. There is reason for believing that collusion exists among Bidders. No participant in such collusion will be considered in future Bids for any Insurance Coverage.
- b. Bidder is in arrears or is currently in default to the City of St. Louis upon any debt or contract or that is a defaulter as surety or otherwise upon any obligation to the City or has failed to perform faithfully any current or previous contract with the City within the last three (3) years.

9. Basis For Award

The successful Bidder will be determined on the basis of the lowest and best bid submitted, qualification and ability to comply with the terms, specifications, and insurance coverage requirements of this Solicitation. Only those Bidders who meet the Qualifications established in this Solicitation and offer insurance policies meeting the required coverage described herein will be considered for the award. The City reserves the right to reject any and all Bids and the right to limit Bids to responsive and qualified Bidders.

10. Minority Business Enterprises (MBE) / Women Business Enterprises (WBE)

The City, in compliance with the Mayor's Executive Order dated July 24, 1997, as amended, to ensure maximum opportunity to participate in the performance of MBE/WBEs, has established a MBE/WBE participation goal of **25% MBE and 5% WBE** of the aggregate value of all contracts included in this Solicitation, for this Bid, as measured by total estimated value of gross commissions to Bidder. The Bidder shall take all necessary and reasonable steps to achieve this goal.

The City does not require that MBE/WBE participants meet the same experience qualifications as the Bidder, unless the Bidder is an MBE/WBE. MBE/WBE participants must have the proper State of Missouri Insurance license required to perform their duties, if a license is required, as listed in the scope of service section of the MBE/WBE agreement between broker and MBE/WBE.

If the Bidder will be unable to achieve the MBE/WBE goal stated herein, it will be required to provide documentation in its proposal demonstrating that it took all necessary and reasonable steps in attempting to do so or that it is not economically feasible at this time to enter into either a joint venture, subcontract, partnership, or other eligible arrangement with a MBE/WBE firm. If Bidder is unable to meet the goal, a request for partial or full waiver must be submitted. Waivers are only considered if the Bidder has made "Good Faith Efforts" to meet the City's MBE/WBE goals. The requirements of this paragraph are not intended to force the Bidder to change its business structure.

The broker shall keep such records (copies of subcontracts, paid invoices, documentation of correspondence) as are necessary for the City to determine compliance with the MBE/WBE obligations. The City reserves the right to investigate, monitor, audit, and/or review records for compliance.

The successful Bidder, during the policy term, will be responsible for meeting the MBE/WBE reporting requirements as determined by the City.

A Bid that fails to adequately address the foregoing requirements will be considered nonresponsive and will be rejected by the Authority.

Bidders may obtain a Directory of approved MBE/WBEs by calling or writing the Airport Authority's DBE Office. The Directory of Certified Disadvantaged, Minority, and Woman-owned Business Enterprises may be found at www.mwdbe.org.

Respectfully submitted,



John Zakibe
Deputy Comptroller

Attachments

Scottsdale Indemnity Company

COMMERCIAL AUTO COVERAGE

BUSINESS AUTO COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)

Policy No.: WAI0003237

Effective Date: 09-15-14

Named Insured: BOARD OF POLICE COMMISSIONERS

12:01 A.M. Standard Time

Agent No.: 24701

Item 3. Schedule of Covered Autos You Own

See Schedule of Covered Autos You Own.

Item 4. Schedule of Hired or Borrowed Covered Auto Coverage and Premiums.

Covered Autos Liability Coverage—Cost of Hire Rating Basis for "Autos" NOT used in your Motor Carrier Operations (Other than Mobile Or Farm Equipment)

State	Estimated Annual Cost of Hire (Primary)	Rate Per Each \$100 Cost of Hire (Primary)	Estimated Annual Cost of Hire (Excess)	Rate Per Each \$100 Cost of Hire (Excess)	Premium
MO	IF ANY	\$ 3.873	IF ANY	\$.645	INCL
Total Hired Auto Premium					\$ 132 MP

For "autos" NOT used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Covered Autos Liability Coverage—Cost of Hire Rating Basis for "Autos" used in your Motor Carrier Operations (Other than Mobile or Farm Equipment)

State	Estimated Annual Cost of Hire (Primary)	Rate Per Each \$100 Cost of Hire (Primary)	Estimated Annual Cost of Hire (Excess)	Rate Per Each \$100 Cost of Hire (Excess)	Premium
Total Hired Auto Premium					

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein;
2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party; and
3. The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured," paid to the lessor or owner, or paid to others.

Scottsdale Indemnity Company

COMMERCIAL AUTO COVERAGE

BUSINESS AUTO COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)

Policy No.: WAI0003237

Effective Date: 09-15-14

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

12:01 A.M. Standard Time

Item 4. Schedule of Hired or Borrowed Covered Auto Coverage and Premiums (continued)			
Physical Damage Coverages—Cost of Hire Rating Basis for All "Autos" (Other than Mobile or Farm Equipment)			
Coverage	Limit of Insurance The Most We Will Pay Deductible	Estimated Annual Cost of Hire For Each State (Ex- cluding Autos Hired With A Driver)	Premium
Comprehensive	Actual cash value, cost of repair or \$ 30,000, whichever is less, minus \$ 500 Deductible for each covered "auto."		\$ 150
Specified Causes of Loss	Actual cash value, cost of repair or , whichever is less, minus Deductible for each covered "auto."		
Collision	Actual cash value, cost of repair or \$ 30,000, whichever is less, minus \$ 500 Deductible for each covered "auto."		\$ 150
Total Hired Auto Premium			\$ 300

For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.

Hired Or Borrowed Mobile and Farm Equipment If this box is checked <input type="checkbox"/> , see Mobile and Farm Equipment Supplementary Schedule.
--

Item 5. Schedule for Non-ownership Liability			
Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations and Other Than Social Service Agencies	Number of Employees	26-100	\$ 226
	Number of Partners (Active and Inactive)		
Garage Service Operations	Number of Employees Whose Principal Duty Involves the Operation of Autos		
	Number of Partners (Active and Inactive)		
Social Service Agencies	Number of Employees		
	Number of Volunteers Who Regularly Use Autos To Transport Clients		
	Number Of Partners (Active and Inactive)		
Total Non-ownership Covered Autos Liability Premium			\$ 226

Scottsdale Indemnity Company

COMMERCIAL AUTO COVERAGE

BUSINESS AUTO COVERAGE FORM SUPPLEMENTAL DECLARATIONS

Policy No.: WAI0003237

Effective Date: 09-15-14
12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Item 1. Business Description: PUBLIC ENTITY

Form of Business: ☐ Corporation ☐ Limited Liability Company ☐ Individual ☐ Partnership
☒ Other: MUNICIPALITY

Audit Period (If applicable): ☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

Item 2. Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit The Most We Will Pay for Any One Accident or Loss	Premium
Covered Autos Liability	7, 8, 9	\$ 1,000,000	\$ 32,518
Personal Injury Protection (P.I.P.) (or equivalent No-fault coverage)		Separately stated in each P.I.P. endorsement, minus any Deductible shown therein or scheduled on form CAI-117.	
Added P.I.P. (or equivalent added No-fault coverage)		Separately stated in each added P.I.P. endorsement.	
Property Protection Insurance (P.P.I.) (Michigan only)		Separately stated in the P.P.I. endorsement minus Deductible for each "accident."	
Auto Medical Payments	7	\$ 5,000 each insured	\$ 864
Medical Expense And Income Loss Benefits (Virginia only)		Separately stated in Each Medical Expense And Income Loss Benefits Endorsement.	
Uninsured Motorists (UM)	7	Separately stated in each UM endorsement.	\$ 596
Underinsured Motorists (UIM) (when not included in UM Coverage)	7	Separately stated in each UIM endorsement.	\$ 1,108
Physical Damage Comprehensive Coverage	7, 8	Actual cash value, cost of repair or stated amount, whichever is less, minus any applicable Deductible for each covered "auto." (See Item 4. for hired or borrowed "autos.")	\$ 4,276
Physical Damage Specified Causes of Loss Coverage		See Schedule of Covered Autos You Own.	
Physical Damage Collision Coverage	7, 8	See Item 4. for Hired or Borrowed Autos	\$ 9,499
Physical Damage Towing and Labor		for each disablement of a private passenger "auto."	
Form(s) and endorsement(s) applying to this coverage form and made a part of this policy at the time of issue: See Schedule of Forms and Endorsements.		Premium for Endorsements Estimated Total Premium (This policy maybe subject to final audit.)	\$ 48,861.00

COMMON POLICY DECLARATIONS

WAI0003039

Renewal of Number

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza o Columbus, Ohio 43215
 Administrative Office: 8877 N. Galney Center Drive o Scottsdale, Arizona 85258
 1-800-423-7675
 A STOCK COMPANY

 Policy Number
 WAI0003237

ITEM 1. Named Insured and Mailing Address

 BOARD OF POLICE COMMISSIONERS
 1200 CLARK AVE
 ST. LOUIS MO 63103

NO FLAT CANCELLATION ALLOWED

Agent Name and Address

 BURNS & WILCOX LTD
 530 MARYVILLE CENTRE DR STE 45
 SAINT LOUIS MO 63141-5800

 Agent No.:
 24701

Program No.: NONE

ITEM 2. Policy Period

From: 09-15-2014

To: 09-15-2015

Term: 1 Year

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: PUBLIC ENTITY

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	\$ NOT COVERED
Commercial Property Coverage Part	\$ NOT COVERED
Commercial Crime And Fidelity Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Auto Coverage Part	\$ 48,861.00
Professional Liability Coverage Part	\$ NOT COVERED
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Policy Premium	\$ 48,861.00
	\$
	\$
Policy Total	\$ 48,861.00

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Michael L. Ehrhardt

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH
 THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY,
 COMPLETE THE ABOVE-NUMBERED POLICY.

Scottsdale Indemnity Company

SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: WAI0003237

Effective Date: 09-15-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
MO1	2007	MERCURY MARQUIS GRAND	2MEHM75V27X631573
MO2	2007	MERCURY MARQUIS GRAND	2MEHM75V67X603405
MO3	2007	MERCURY MARQUIS GRAND	2MEHM75V97X619629
MO4	2007	MERCURY MARQUIS GRAND	2MEFM75V77X632144
MO5	2007	MERCURY MARQUIS GRAND	2MEHM75V37X621134
MO6	2007	MERCURY MARQUIS GRAND	2MEFM75V17X615985
MO7	2007	CHEVROLET IMPALA	2G1WS55R279184696
MO8	2007	MERCURY MARQUIS GRAND	2MEFM75V57X624141
MO9	2007	MERCURY MARQUIS GRAND	2MEFM75V87X620567
MO10	2007	MERCURY MARQUIS GRAND	2MEFM75V17X628963

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
MO1	ST LOUIS, MO	112	\$ 29,435	
MO2	ST LOUIS, MO	112	\$ 29,435	
MO3	ST LOUIS, MO	112	\$ 29,435	
MO4	ST LOUIS, MO	112	\$ 29,435	
MO5	ST LOUIS, MO	112	\$ 29,435	
MO6	ST LOUIS, MO	112	\$ 29,435	
MO7	ST LOUIS, MO	112	\$ 23,555	
MO8	ST LOUIS, MO	112	\$ 29,435	
MO9	ST LOUIS, MO	112	\$ 29,435	
MO10	ST LOUIS, MO	112	\$ 29,435	

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GWW, GCW or Vehicle Seating Capacity	Age Group	Code
MO1				6	791100
MO2				6	791100
MO3				6	791100
MO4				6	791100
MO5				6	791100
MO6				6	791100
MO7				6	791100
MO8				6	791100
MO9				6	791100
MO10				6	791100

Scottsdale Indemnity Company

SCHEDULE OF COVERED AUTOS YOU OWN (continued)

Policy No.: WAI0003237

Effective Date: 09-15-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.J.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
MO1	\$ 714			
MO2	\$ 714			
MO3	\$ 714			
MO4	\$ 714			
MO5	\$ 714			
MO6	\$ 714			
MO7	\$ 714			
MO8	\$ 714			
MO9	\$ 714			
MO10	\$ 714			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
MO1	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO2	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO3	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO4	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO5	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO6	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO7	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO8	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO9	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO10	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
MO1	500	\$ 82		500	\$ 169		\$ 251
MO2	500	\$ 82		500	\$ 169		\$ 251
MO3	500	\$ 82		500	\$ 169		\$ 251
MO4	500	\$ 82		500	\$ 169		\$ 251
MO5	500	\$ 82		500	\$ 169		\$ 251
MO6	500	\$ 82		500	\$ 169		\$ 251
MO7	500	\$ 74		500	\$ 161		\$ 235
MO8	500	\$ 82		500	\$ 169		\$ 251
MO9	500	\$ 82		500	\$ 169		\$ 251
MO10	500	\$ 82		500	\$ 169		\$ 251

Scottsdale Indemnity Company

SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: WAI0003237

Effective Date: 09-15-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
MO11	2007	CHEVROLET IMPALA- <i>slite</i>	2G1WS55R779204263
MO12	2007	CHEVROLET IMPALA	2G1WS55R179191008
MO13	2002	CHEVROLET TAHOE	1GNEK13V72J322149
MO14	2006	CHEVROLET IMPALA	2G1WS551569259920
MO15	2010	CHEVROLET IMPALA	2G1WD5EM1A1182037
MO16	2010	CHEVROLET IMPALA	2G1WD5EM1A1181566
MO17	2008	CHEVROLET IMPALA	2G1WS583689193796
MO18	2010	CHEVROLET IMPALA	2G1WD5EM6A1181014
MO19	2012	CHEVROLET IMPALA	2G1WD5E30C1171380
MO20	2010	CHEVROLET IMPALA	2G1WD5EM5A1179643

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
MO11	ST LOUIS, MO	112	\$ 23,555	
MO12	ST LOUIS, MO	112	\$ 23,555	
MO13	ST LOUIS, MO	112	\$ 35,180	
MO14	ST LOUIS, MO	112	\$ 24,035	
MO15	ST LOUIS, MO	112	\$ 25,710	
MO16	ST LOUIS, MO	112	\$ 25,710	
MO17	ST LOUIS, MO	112	\$ 24,000	
MO18	ST LOUIS, MO	112	\$ 25,710	
MO19	ST LOUIS, MO	112	\$ 27,000	
MO20	ST LOUIS, MO	112	\$ 25,710	

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GWW, GCW or Vehicle Seating Capacity	Age Group	Code
MO11				6	791100
MO12				6	791100
MO13			6,800	6	791200
MO14				6	791100
MO15				5	791100
MO16				5	791100
MO17				6	791100
MO18				5	791100
MO19				3	791100
MO20				5	791100

Scottsdale Indemnity Company

SCHEDULE OF COVERED AUTOS YOU OWN (continued)

Policy No.: WAI0003237

Effective Date: 09-15-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
MO11	\$ 714			
MO12	\$ 714			
MO13	\$ 900			
MO14	\$ 714			
MO15	\$ 714			
MO16	\$ 714			
MO17	\$ 714			
MO18	\$ 714			
MO19	\$ 714			
MO20	\$ 714			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
MO11	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO12	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO13	\$ 5,000	\$ 36			\$ 9	\$ 17	\$ 962
MO14	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO15	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO16	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO17	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO18	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO19	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO20	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
MO11	500	\$ 74		500	\$ 161		\$ 235
MO12	500	\$ 74		500	\$ 161		\$ 235
MO13	500	\$ 48		500	\$ 68		\$ 116
MO14	500	\$ 64		500	\$ 148		\$ 212
MO15	500	\$ 99		500	\$ 225		\$ 324
MO16	500	\$ 99		500	\$ 225		\$ 324
MO17	500	\$ 79		500	\$ 188		\$ 267
MO18	500	\$ 99		500	\$ 225		\$ 324
MO19	500	\$ 110		500	\$ 268		\$ 378
MO20	500	\$ 99		500	\$ 225		\$ 324

Scottsdale Indemnity Company

SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: WAI0003237

Effective Date: 09-15-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
MO21	2010	CHEVROLET IMPALA	2G1WD5EM0A1182353
MO22	2007	CHEVROLET 1500 CLASSIC	1GNFC13J67R209526
MO23	2008	CHEVROLET TAHOE	1GNFK03068R153870
MO24	2013	CHEVROLET IMPALA	2G1WD5E35D1232627
MO25	2013	CHEVROLET IMPALA	2G1WD5E30D1233653
MO26	2013	CHEVROLET IMPALA	2G1WD5E37D1234721
MO27	2013	CHEVROLET IMPALA	2G1WD5E37D1233004
MO28	2013	CHEVROLET IMPALA	2G1WD5E31D1231930
MO29	2013	CHEVROLET IMPALA	2G1WD5E35D1234202
MO30	2013	CHEVROLET IMPALA	2G1WD5E36D1230689

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
MO21	ST LOUIS, MO	112	\$ 25,710	
MO22	ST LOUIS, MO	112	\$ 31,570	
MO23	ST LOUIS, MO	112	\$ 38,120	
MO24	ST LOUIS, MO	112	\$ 27,205	
MO25	ST LOUIS, MO	112	\$ 27,205	
MO26	ST LOUIS, MO	112	\$ 27,205	
MO27	ST LOUIS, MO	112	\$ 27,205	
MO28	ST LOUIS, MO	112	\$ 27,205	
MO29	ST LOUIS, MO	112	\$ 27,205	
MO30	ST LOUIS, MO	112	\$ 27,205	

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GWW, GCW or Vehicle Seating Capacity	Age Group	Code
MO21				5	791100
MO22			8,600	6	791200
MO23			7,000	6	791200
MO24				2	791100
MO25				2	791100
MO26				2	791100
MO27				2	791100
MO28				2	791100
MO29				2	791100
MO30				2	791100

Scottsdale Indemnity Company

SCHEDULE OF COVERED AUTOS YOU OWN (continued)

Policy No.: WAI0003237

Effective Date: 09-15-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
MO21	\$ 714			
MO22	\$ 900			
MO23	\$ 900			
MO24	\$ 714			
MO25	\$ 714			
MO26	\$ 714			
MO27	\$ 714			
MO28	\$ 714			
MO29	\$ 714			
MO30	\$ 714			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
MO21	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO22	\$ 5,000	\$ 36			\$ 9	\$ 17	\$ 962
MO23	\$ 5,000	\$ 36			\$ 9	\$ 17	\$ 962
MO24	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO25	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO26	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO27	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO28	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO29	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO30	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
MO21	500	\$ 99		500	\$ 225		\$ 324
MO22	500	\$ 72		500	\$ 110		\$ 182
MO23	500	\$ 76		500	\$ 128		\$ 204
MO24	500	\$ 110		500	\$ 268		\$ 378
MO25	500	\$ 110		500	\$ 268		\$ 378
MO26	500	\$ 110		500	\$ 268		\$ 378
MO27	500	\$ 110		500	\$ 268		\$ 378
MO28	500	\$ 110		500	\$ 268		\$ 378
MO29	500	\$ 110		500	\$ 268		\$ 378
MO30	500	\$ 110		500	\$ 268		\$ 378

Scottsdale Indemnity Company

SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: WAI0003237

Effective Date: 09-15-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
MO31	2013	CHEVROLET IMPALA	2G1WD5E35D1223541
MO32	2013	CHEVROLET IMPALA	2G1WD5E33D1231220
MO33	2013	CHEVROLET IMPALA	2G1WD5E33D1233730
MO34	2013	CHEVROLET IMPALA	2G1WD5E31D1233807
MO35	2013	CHEVROLET IMPALA	2G1WD5E30D1234429
MO36	2013	CHEVROLET IMPALA	2G1WD5E39D1231755
MO37	2013	CHEVROLET IMPALA	2G1WD5E38D1233948
MO38	2013	CHEVROLET IMPALA	2G1WD5E35D1234040
MO39	2013	CHEVROLET IMPALA	2G1WD5E3XD1234616
MO40	2013	CHEVROLET IMPALA	2G1WD5E37D1231964

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
MO31	ST LOUIS, MO	112	\$ 27,205	
MO32	ST LOUIS, MO	112	\$ 27,205	
MO33	ST LOUIS, MO	112	\$ 27,205	
MO34	ST LOUIS, MO	112	\$ 27,205	
MO35	ST LOUIS, MO	112	\$ 27,205	
MO36	ST LOUIS, MO	112	\$ 27,205	
MO37	ST LOUIS, MO	112	\$ 27,205	
MO38	ST LOUIS, MO	112	\$ 27,205	
MO39	ST LOUIS, MO	112	\$ 27,205	
MO40	ST LOUIS, MO	112	\$ 27,205	

Covered Auto Number	Radius of Operation In Miles	Business Use S=Service R=Retail C=Commercial	Size GWV, GCW or Vehicle Seating Capacity	Age Group	Code
MO31				2	791100
MO32				2	791100
MO33				2	791100
MO34				2	791100
MO35				2	791100
MO36				2	791100
MO37				2	791100
MO38				2	791100
MO39				2	791100
MO40				2	791100

Scottsdale Indemnity Company

SCHEDULE OF COVERED AUTOS YOU OWN (continued)

Policy No.: WAI0003237

Effective Date: 09-15-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
MO31	\$ 714			
MO32	\$ 714			
MO33	\$ 714			
MO34	\$ 714			
MO35	\$ 714			
MO36	\$ 714			
MO37	\$ 714			
MO38	\$ 714			
MO39	\$ 714			
MO40	\$ 714			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
MO31	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO32	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO33	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO34	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO35	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO36	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO37	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO38	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO39					\$ 14	\$ 26	\$ 754
MO40					\$ 14	\$ 26	\$ 754

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
MO31	500	\$ 110		500	\$ 268		\$ 378
MO32	500	\$ 110		500	\$ 268		\$ 378
MO33	500	\$ 110		500	\$ 268		\$ 378
MO34	500	\$ 110		500	\$ 268		\$ 378
MO35	500	\$ 110		500	\$ 268		\$ 378
MO36	500	\$ 110		500	\$ 268		\$ 378
MO37	500	\$ 110		500	\$ 268		\$ 378
MO38	500	\$ 110		500	\$ 268		\$ 378
MO39	500	\$ 110		500	\$ 268		\$ 378
MO40	500	\$ 110		500	\$ 268		\$ 378

Scottsdale Indemnity Company

CHANGE ENDORSEMENT NO. 001

Policy No. WAI0003237

Effective Date: 09-25-14
12:01 A.M., Standard Time

Named Insured BOARD OF POLICE COMMISSIONERS

Agent No. 24701

COVERAGE PART INFORMATION - Coverage parts affected by this change as indicated by ☒ below.

<input type="checkbox"/>	Commercial Property		
<input type="checkbox"/>	Commercial General Liability		
<input type="checkbox"/>	Commercial Crime		
<input type="checkbox"/>	Commercial Inland Marine		
<input checked="" type="checkbox"/>	Commercial Auto	\$	74.00
<input type="checkbox"/>			

CHANGE DESCRIPTION

IN CONSIDERATION OF AN ADDITIONAL PREMIUM OF \$74.00, IT IS AGREED THAT THE FOLLOWING VEHICLES ARE ADDED TO THE POLICY, PER THE ATTACHED FORM UTI-249 SCHEDULE OF AUTO CHANGES:

VEHICLE #45 -- 2014 CHEVROLET TAHOE 1500 VIN# 1GNSK2E01ER135196
VEHICLE #46 -- 2012 CHEVROLET IMPALA VIN# 2G1WD5E37C1174700

IT IS FURTHER AGREED THAT THE FOLLOWING VEHICLES ARE DELETED FROM THE POLICY, PER THE ATTACHED UTI-249 SCHEDULE OF AUTO CHANGES:

VEHICLE #30 -- 2013 CHEVROLET IMPALA VIN# 1WD5E36D1230689
VEHICLE #37 -- 2013 CHEVROLET IMPALA VIN# 2G1WD5E38D1233948

ALL OTHER TERMS AND CONDITIONS SHALL REMAIN UNCHANGED.

PREMIUM CHANGE

Additional \$ 74.00

Return \$

Michael L. Ehrhardt

AUTHORIZED AGENT

Scottsdale Indemnity Company

SCHEDULE OF AUTO CHANGES

Policy No.: WAI0003237

Effective Date: 09-25-14
12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change

Covered Auto Number	Vehicle Covered Is	Description			Serial Number(s); Vehicle ID Number (VIN)
		Year	Model; Trade Name; Body Type		
MO30	D	2013	CHEVROLET IMPALA		2G1WD5E36D1230689
MO37	D	2013	CHEVROLET IMPALA		2G1WD5E38D1233948
MO45	A	2014	CHEVROLET TAHOE 1500		1GNSK2E01ER135196
MO46	A	2012	CHEVROLET IMPALA		2G1WD5E37C1174700

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
MO30	ST LOUIS, MO	112	\$ 27,205	
MO37	ST LOUIS, MO	112	\$ 27,205	
MO45	ST LOUIS, MO	112	\$ 38,890	
MO46	ST LOUIS, MO	112	\$ 27,000	

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
MO30				2	791100
MO37				2	791100
MO45			7,300	1	791200
MO46				3	791100

Scottsdale Indemnity Company

SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: WAI0003237

Effective Date: 09-15-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
MO41	2012	CHEVROLET IMPALA	2G1WD5E32C1172711
MO42	2006	CHEVROLET IMPALA	2G1WS551569424235
MO43	2007	CHEVROLET IMPALA	2G1WS55R479194887
MO44	2014	CHEVROLET TAHOE 1500	1GNSK2E09ER132482
45	2014	11 Tahoe	1GNSK2E01ER135196
46	2012	Chev Impala	2G1WD5E37C117470

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
MO41	ST LOUIS, MO	112	\$ 27,205	
MO42	ST LOUIS, MO	112	\$ 27,205	
MO43	ST LOUIS, MO	112	\$ 23,555	
MO44	ST LOUIS, MO	112	\$ 38,890	

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
MO41				3	791100
MO42				6	791100
MO43				6	791100
MO44			7,300	1	791200

Scottsdale Indemnity Company

SCHEDULE OF COVERED AUTOS YOU OWN (continued)

Policy No.: WAI0003237

Effective Date: 09-15-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
MO41	\$ 714			
MO42	\$ 714			
MO43	\$ 714			
MO44	\$ 900			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
MO41					\$ 14	\$ 26	\$ 754
MO42					\$ 14	\$ 26	\$ 754
MO43	\$ 5,000	\$ 20			\$ 14	\$ 26	\$ 774
MO44	\$ 5,000	\$ 36			\$ 9	\$ 17	\$ 962

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
MO41	500	\$ 110		500	\$ 268		\$ 378
MO42	500	\$ 72		500	\$ 155		\$ 227
MO43	500	\$ 74		500	\$ 161		\$ 235
MO44	500	\$ 96		500	\$ 170		\$ 266

Scottsdale Indemnity Company

SCHEDULE OF AUTO CHANGES (continued)

Policy No.: WAI0003237

Effective Date: 09-25-14

12:01 A.M. Standard Time

Named Insured: BOARD OF POLICE COMMISSIONERS

Agent No.: 24701

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
MO30	\$ -695			
MO37	\$ -695			
MO45	\$ 876			
MO46	\$ 695			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
MO30	\$ 5,000	\$ -19			\$ -14	\$ -25	-753 R/P
MO37	\$ 5,000	\$ -19			\$ -14	\$ -25	-753 R/P
MO45	\$ 5,000	\$ 35			\$ 9	\$ 17	937 A/P
MO46	\$ 5,000	\$ 19			\$ 14	\$ 25	753 A/P

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
MO30	\$ 500	\$ -107		\$ 500	\$ -261		-368 R/P
MO37	\$ 500	\$ -107		\$ 500	\$ -261		-368 R/P
MO45	\$ 500	\$ 93		\$ 500	\$ 165		258 A/P
MO46	\$ 500	\$ 107		\$ 500	\$ 261		368 A/P